

California Resident Income Tax Return

For Single and Joint Filers With No Dependents 1999

FORM
540EZ

Step 1

Place
label here
or print

Name
and
Address

Your first name	Initial	Last name		
If joint return, spouse's first name	Initial	Last name		
Present home address — number and street including PO Box or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

P

AC

A

R

RP

Step 1a

SSN

Your social security number

--	--	--	--	--	--	--	--	--	--

Spouse's social security number

--	--	--	--	--	--	--	--	--	--

IMPORTANT:

Your social security number
is required.

Step 2

Filing
Status

Fill in the circle for your filing status.

- 1 ☐ Single 2 ☐ Married filing joint return (even if only one spouse had income)
- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in the circle here ● 6 ☐

Step 3

Taxable
Income

Attach check
or money
order here.

- 12a State wages from your Form(s) W-2, box 17 ● 12a

--	--	--	--	--	--
- 12b Federal adjusted gross income from your TeleFile Tax Record, line 1; or Form 1040EZ, line 4; or Form 1040A, line 18; or Form 1040, line 33 12b

--	--	--	--	--	--
- 13 Unemployment compensation from your federal TeleFile Tax Record, line D; or Form 1040EZ, line 3; or Form 1040A, line 12; or Form 1040, line 19 ● 13

--	--	--	--	--	--
- 14 Subtract line 13 from line 12b. This is your California adjusted gross income ● 14

--	--	--	--	--	--
- 15 Did you fill in the circle on line 6?
Yes. Complete the California Standard Deduction Worksheet for Dependents on Side 2, Part I.
No. If single, enter \$2,711. If married filing joint, enter \$5,422 ● 15

--	--	--	--	--	--
- 16 Subtract line 15 from line 14. This is your taxable income. If it is more than \$50,000, STOP.
You must use Form 540A or Form 540. If line 15 is more than line 14, enter -0- 16

--	--	--	--	--	--

Step 4

Tax and
Credits

Attach copy
of your
Form(s) W-2
here.

- 17 Tax. Use the amount on line 16 and your filing status in Step 2 to find your tax in the tax table.
Enter the tax from the table on this line. 17

--	--	--	--	--	--
- 18 Did you fill in the circle on line 6?
Yes. Go to Side 2, Part II.
No. If single, enter \$72. If married filing joint, enter \$144 18

--	--	--	--	--	--
- 19 Nonrefundable renter's credit. See instructions ● 19

--	--	--	--	--	--
- 20 Total credits. Add line 18 and line 19 20

--	--	--	--	--	--
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ● 23

--	--	--	--	--	--

Step 5

Overpaid
Tax or
Tax Due

- 24 Enter your California income tax withheld from your Form(s) W-2, box 18.
If line 24 is more than line 23, go to line 31. Otherwise, go to line 32 ■ 24

--	--	--	--	--	--
- 31 **Overpaid tax.** If line 24 is more than line 23, subtract line 23 from line 24. Enter the result
and go to line 34. If line 24 is less than line 23, enter -0- and go to line 32 ■ 31

--	--	--	--	--	--
- 32 **Tax due.** If line 24 is less than line 23, subtract line 24 from line 23.
Enter the result and go to line 34 32

--	--	--	--	--	--

Step 6

Refund or
Amount
You Owe

- 34 Total contributions. Enter amount from Side 2, Part III, line 13 ● 34

--	--	--	--	--	--
- 35 **REFUND or NO AMOUNT DUE.** Subtract line 34 from line 31. Enter the result here.
Go to Side 2. See Part IV for direct deposit. See Part V to sign your return ■ 35

--	--	--	--	--	--
- 36 **AMOUNT YOU OWE.** Add line 32 and line 34. Enter the result here.
Go to Side 2, Part V to sign your return ■ 36

--	--	--	--	--	--

California Standard Deduction Worksheet for Dependents

If you filled in the circle on Side 1, line 6 because someone can claim you (or your spouse, if married) as a dependent, even if that person chooses not to, complete this worksheet to figure the amount to enter on Side 1, line 15.

- | | | |
|----------|--|----------|
| 1 | Enter your total wages, salaries, and tips from all your Form(s) W-2, box 1. (You may also refer to federal Form 1040EZ, line 1; Form 1040A, line 7; or Form 1040, line 7) | 1 |
| 2 | | 2 |
| 3 | Add line 1 and line 2. Enter total here | 3 |
| 4 | Minimum standard deduction | 4 |
| 5 | Compare the amounts on line 3 and line 4 above. Enter the LARGER of the two amounts here | 5 |
| 6 | Maximum standard deduction: { If single, enter \$2,711
If married filing joint, enter \$5,422 } | 6 |
| 7 | Standard deduction. Compare the amounts on line 5 and line 6. Enter the SMALLER of the two amounts here and on Side 1, line 15 | 7 |

			2	5	0		
			7	0	0		

If you did not fill in the circle on Side 1, line 6 because no one can claim you (or your spouse, if married) as a dependent, and you are: **Single**, enter \$2,711 on Side 1, line 15; **OR** **Married filing joint**, enter \$5,422 on Side 1, line 15.

Personal Exemption Chart for Dependents

If you (or your spouse, if married) can be claimed as a dependent, enter the following amount on line 18:

- If single, enter -0-.
- If married filing joint and both you and your spouse can be claimed as dependents, enter -0-.
- If married filing joint and only one of you can be claimed as a dependent, enter \$72.

Part III

Contributions

You may make a voluntary contribution of \$1 or more to the following funds:

- | | | | |
|----|---|--------|----|
| 1 | Alzheimer's Disease/Related Disorders Fund | ◀ 48 ▶ | 1 |
| 2 | California Fund for Senior Citizens | ◀ 49 ▶ | 2 |
| 3 | Rare and Endangered Species Preservation Program | ◀ 50 ▶ | 3 |
| 4 | State Children's Trust Fund for the Prevention of Child Abuse | ◀ 51 ▶ | 4 |
| 5 | California Breast Cancer Research Fund | ◀ 52 ▶ | 5 |
| 6 | California Firefighters' Memorial Fund | ◀ 53 ▶ | 6 |
| 7 | California Public School Library Protection Fund | ◀ 54 ▶ | 7 |
| 8 | D.A.R.E. California (Drug Abuse Resistance Education) Fund | ◀ 55 ▶ | 8 |
| 9 | California Mexican American Veterans' Memorial | ◀ 56 ▶ | 9 |
| 10 | Emergency Food Assistance Program Fund | ◀ 57 ▶ | 10 |
| 11 | California Peace Officer Memorial Foundation Fund | ◀ 58 ▶ | 11 |
| 12 | Birth Defects Research Fund | ◀ 59 ▶ | 12 |
| 13 | Total contributions. Add line 1 through line 12. Enter here and on Side 1, line 34 | | 13 |

[illegible]

Direct Deposit Information

To have your refund directly deposited, fill in the boxes below. See instructions.

Routing number

--	--	--	--	--	--	--	--	--

Account type:

Checking

11

Savings

9

Account
number[illegible]

Part V

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.

9

Your signature

Spouse's signature (if filing joint, both must sign)

Daytime phone number

$$(\quad | \quad | \quad |) \quad | \quad | \quad | \quad + \quad | \quad | \quad |$$

Sign Here

It is unlawful to forge a spouse's signature.

X

X

Date _____

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/FEIN/PTIN

[illegible]

Firm's name (or yours if self-employed)

Firm's address

Where to Mail Your Return

REFUND or NO AMOUNT DUE (Side 1, line 35): FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000

AMOUNT DUE (Side 1, line 36): FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

Make your check or money order payable to "Franchise Tax Board." Write your social security number and "1999 Form 540EZ" on your check or money order and attach it to your Form 540EZ. **Do not attach your federal return to this return.**